

ISSUE SLIP STAPLE ARFA (for additional copies/entries)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	183	71000	11-15-00
O.P.R. CLASSIFIER	CR	71000	12/5
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ _____ Rejected
- _____ Allowed
- _____ (Through numeral) Cancelled
- _____ Restricted
- H _____ Non-elected
- I _____ Interference
- A _____ Appeal
- O _____ Objected

BEST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
1	11/15/00	1	11/15/00	1	11/15/00
2	11/15/00	2	11/15/00	2	11/15/00
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100	11/15/00	100	11/15/00	100	11/15/00

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)